

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10535225

Filing Date

Applicant(s) **Ted Marchildon**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1		1				51					
2		1		1			52					
3		1		1			53					
4		1		1			54					
5		1		1			55					
6		1		1			56					
7		1		1			57					
8		7		1			58					
9		5		1			59					
10		7		1			60					
11		(1)		1			61					
12		(1)		1			62					
13		(1)		1			63					
14	1		1				64					
15		1		1			65					
16		1		1			66					
17		1		1			67					
18		1		1			68					
19	1		1				69					
20							70					
21							71					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep:	3			3		0						
Total Depend:		32	←	16	←	0	0	←				
Total Claims:	35	██████		19	██████	0	0	██████				